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CENTRAL TAX CENTER

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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**In re application of:**

APPLICATION NUMBER:	10/720,780
FILING DATE:	November 24, 2003
FIRST NAMED INVENTOR:	HODGES ET AL.
GROUP ART UNIT:	3629
EXAMINER NAME:	Unassigned
ATTORNEY DOCKET NUMBER:	BS030350

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

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Director:

The Assignee respectfully requests entry and consideration of the references listed on the enclosed PTO 1449 Forms.

If the Office has any questions, the Office is invited to contact the undersigned at (919) 469-2629 or [scott@scottzimmerman.com](mailto:scott@scottzimmerman.com).

Respectfully submitted,



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Attorney for Assignee

Please type a plus sign (+) inside this box ☒

PTO/SB/05A (09-09)

Approved for use through 10/31/2002. OMB 0651-0031  
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**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1

**Complete if Known**

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 First Named Inventor Hodges  
 Group Art Unit 3629  
 Examiner Name  
 Attorney Docket Number BS030350

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**U.S. PATENT DOCUMENTS**

Examiner Initials *	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code <sup>2</sup> (if known)			
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**OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
Examiner Signature	/Debra Antonienko/		Date Considered 02/29/2008

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.  
<sup>2</sup> Unique citation designation number. \* Applicant is to place a check mark here if English language Translation is attached.